



PREMIUM CONVERSION/SECTION 125 PRETAX DEDUCTIONS ELECTION FORMS

I have enrolled in one of the City-sponsored health insurance plans and/or the dental insurance plan and authorize the required deduction(s) from my salary. I understand that electing to participate in the Premium Conversion/Section 125 program authorizes pretax deductions from my salary and that my election will remain the same until I elect to change it during the next Open Enrollment period or when I experience a qualified change in family status. I also understand that I am solely responsible for my own tax obligations.

FULL NAME (please print)

EMPLOYEE NUMBER

DEPARTMENT

CLASS OF EMPLOYEE: (please check one)

☐ Administrative employee

☐ Police employee

☐ Union employee

☐ **YES**, I elect to participate in the Premium Conversion/Section 125 program by having my health/dental premiums deducted pretax from my pay.

☐ **NO**, I do not want to participate in the Premium Conversion/Section 125 program.

EMPLOYEE SIGNATURE

DATE

Received by Administrator: _____ Date: _____

White Copy: Payroll

Yellow Copy: Human Resources

Pink Copy: Employee